

10/26/99

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Approved for use through 09/30/2000. OMB 0651-0032
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UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))</small>	Attorney Docket No.	KAPUR 5-10
	First Inventor or Application Identifier	Sharad Kapur
	Title	SYSTEM AND METHOD FOR DETERMINING CAPACITANCE FOR LARGE-SCALE INTEGRATED CIRCUITS
	Express Mail Label No.	EL053867968US

APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small>	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231
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1. <input checked="" type="checkbox"/> * Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original and a duplicate for fee processing)</small>	5. <input type="checkbox"/> Microfiche Computer Program (Appendix)
2. <input checked="" type="checkbox"/> Specification <small>[Total Pages 37]</small> (preferred arrangement set forth below) - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to Microfiche Appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure	6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies
3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) <small>[Total Sheets 4]</small>	
4. Oath or Declaration <small>[Total Pages]</small> a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) <small>(for continuation/divisional with Box 16 completed)</small> i. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u> Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).	

ACCOMPANYING APPLICATION PARTS	
7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))	
8. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of Attorney <small>(when there is an assignee)</small>	
9. <input type="checkbox"/> English Translation Document (if applicable)	
10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations	
11. <input type="checkbox"/> Preliminary Amendment	
12. <input type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small>	
13. <input type="checkbox"/> * Small Entity Statement filed in prior application, Status still proper and desired <small>(PTO/SB/09-12)</small>	
14. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small>	
15. <input type="checkbox"/> Other: _____	

16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: _____

Prior application information: Examiner _____ Group / Art Unit: _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS					
<input type="checkbox"/> Customer Number or Bar Code Label <small>(Insert Customer No. or Attach bar code label here)</small>			or <input checked="" type="checkbox"/> Correspondence address below		
Name	David H. Hitt				
	Hitt Chwanq & Gaines, P.C.				
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City	Richardson	State	Texas	Zip Code	75080
Country		Telephone	(972) 480-8800	Fax	(972) 480-8865

Name (Print/Type)	David H. Hitt	Registration No. (Attorney/Agent)	33,182
Signature		Date	10/26/99

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

FEE TRANSMITTAL

for FY 1999

Patent fees are subject to annual revision.
Small Entity payments must be supported by a small entity statement,
otherwise large entity fees must be paid. See Forms PTO/SB/09-12.

TOTAL AMOUNT OF PAYMENT (\$) 778.00

Complete if Known

Application Number	N/A
Filing Date	Herewith
First Named Inventor	Sharad Kapur
Examiner Name	N/A
Group / Art Unit	N/A
Attorney Docket No.	KAPUR 5-10

METHOD OF PAYMENT (check one)

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit
Account
Number
Deposit
Account
Name

12-2325

Lucent Technologies

- ☒ Charge Any Additional
Fee Required Under
37 CFR 1.16 and 1.17

2. ☐ Payment Enclosed:

☐ Check ☐ Money Order ☐ Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
101 760	201 380	Utility filing fee
106 310	206 155	Design filing fee
107 480	207 240	Plant filing fee
108 760	208 380	Reissue filing fee
114 150	214 75	Provisional filing fee

Fee Paid

760.00

SUBTOTAL (1) (\$) 760.00

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
21	-20** = 1	18.00	18.00
Independent Claims	3 - 3** = 0	78.00	0.00
Multiple Dependent			

**or number previously paid, if greater; For Reissues, see below

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description
103 18	203 9	Claims in excess of 20
102 78	202 39	Independent claims in excess of 3
104 260	204 130	Multiple dependent claim, if not paid
109 78	209 39	** Reissue independent claims over original patent
110 18	210 9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$) 18.00

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
105 130	205 65	Surcharge - late filing fee or oath
127 50	227 25	Surcharge - late provisional filing fee or cover sheet.
139 130	139 130	Non-English specification
147 2,520	147 2,520	For filing a request for reexamination
112 920*	112 920*	Requesting publication of SIR prior to Examiner action
113 1,840*	113 1,840*	Requesting publication of SIR after Examiner action
115 110	215 55	Extension for reply within first month
116 380	216 190	Extension for reply within second month
117 870	217 435	Extension for reply within third month
118 1,360	218 680	Extension for reply within fourth month
128 1,850	228 925	Extension for reply within fifth month
119 300	219 150	Notice of Appeal
120 300	220 150	Filing a brief in support of an appeal
121 260	221 130	Request for oral hearing
138 1,510	138 1,510	Petition to institute a public use proceeding
140 110	240 55	Petition to revive - unavoidable
141 1,210	241 605	Petition to revive - unintentional
142 1,210	242 605	Utility issue fee (or reissue)
143 430	243 215	Design issue fee
144 580	244 290	Plant issue fee
122 130	122 130	Petitions to the Commissioner
123 50	123 50	Petitions related to provisional applications
126 240	126 240	Submission of Information Disclosure Stmt
581 40	581 40	Recording each patent assignment per property (times number of properties)
146 760	246 380	Filing a submission after final rejection (37 CFR 1.129(a))
149 760	249 380	For each additional invention to be examined (37 CFR 1.129(b))

Other fee (specify) _____

Other fee (specify) _____

* Reduced by Basic Filing Fee Paid

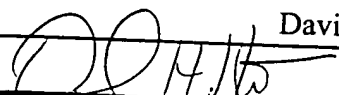
SUBTOTAL (3) (\$) 0.00

SUBMITTED BY

Typed or
Printed Name

David H. Hitt

Signature



Date

10/26/99

Complete (if applicable)

Reg. Number

33,182

Deposit Account
User ID